

**SUPPLEMENTAL DECLARATION
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ADAPTER FOR LIGHT EMITTING APPARATUS USED IN MEDICAL FIELD, the specification of which was filed on February 17, 2004, as Application No. 10/781,030, with amendments through December 16, 2008.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor: Rainer Schneider

Inventor's Signature



01/19/2009
Date

Residence: St. Pantaleon, Austria

Citizenship: Austria

Post Office Address: Reith 41
5120 St. Pantaleon
AUSTRIA